SEP 2 2 2010

SCH10-105

PSEG
Nuclear L.L.C.

Dated:

CERTIFIED MAIL
RETURN RECEIPT REQUESTED
ARTICLE NUMBER: 7008 0150 0000 5749 4482

Department of Environmental Protection Division of Water Quality Bureau of Permit Management P.O. Box 029 Trenton, N.J. 08625-0029

NEW JERSEY POLLUTANT DISCHARGE ELIMINATION SYSTEM DISCHARGE MONITORING REPORT SALEM GENERATING STATION NJPDES PERMIT NJ0005622

Dear Sir:

Attached is the Discharge Monitoring Report for the Salem Generating Station for the month of August 2010.

This report is required by and prepared specifically for the New Jersey Department of Environmental Protection (NJDEP). It presents only the observed results of measurements and analyses required to be performed by the above agencies. The choice of the measurement devices and analytical methods are controlled by the EPA and the NJDEP, not by the company, and there are limitations on the accuracy of such measurement devices and analytical techniques even when used and maintained as required. Accordingly, this report is not intended as an assertion that any instrument has measured, or that any reading or analytical result represents the true value with absolute accuracy, nor is it an endorsement of the suitability of any analytical or measurement procedure.

If you have any questions concerning this report, please feel free to contact Mark Pyle (856) 339-2331.

Carl J. Fricker

Sincerel

Site Vice President - Salem

Attachment: 12 DMR's

cc: Executive Director, DRBC

USNRC - Docket numbers 50-272 & 50-311

IE25

EXPLANATION OF CONDITIONS

August 2010

The following explanations are included to clarify possible deviation from permit conditions.

General - The columns labeled "No. Ex" on the enclosed DMR tabulate the number of daily discharge values outside the indicated limits.

Data reporting and accuracy reflect the working environment, the design capabilities and reliability of the monitoring instruments and operating equipment.

Deviations from required sampling, analysis monitoring and reporting methods and periodicities are noted on the respective transmittal sheet.

Results reported on the Discharge Monitoring Report forms are consistent with permit limits, data supplied from contract laboratories, the December 2007 revision of the NJDEP DMR Instruction Manual and specific guidance from DEP personnel.

EXPLANATION OF EXCEEDANCES

August 2010

The following exceedance(s) are included in the attached report and explained below.

DSN No.

EXPLANATION

None.

COUNTY OF SALEM STATE OF NEW JERSEY

- I, Carl J. Fricker of full age, being duly sworn according to law, upon my oath depose and say:
- 1. I am the Site Vice President – Salem for PSEG Nuclear, and as such am authorized to sign Salem's Discharge Monitoring Reports submitted to the New Jersey Department of Environmental Protection pursuant to the Station's New Jersey Pollutant Discharge Elimination System permit.
- 2. I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and all attachments and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.
- 3. The signature on the attached Discharge Monitoring Reports is my signature and I am submitting this affidavit in satisfaction of the requirement that my signature be notarized.

Carl J. Fricker

Site Vice President - Salem

Sworn and subscribed before me day of September 2010

NANCY M. GUNNING ry Public, State of New Jer:

September 22, 2014

Site Vice President - Salem bc:

Director - Regulatory Affairs

John Valeri Jr., Esq.

Salem Radwaste and Environmental Supervisor Helen Gregory Chem File SCH10-105

Surface Water Discharge Monitoring Report Submittal Form

NJPDES PERMIT	MONITORING PERIOD	MONITO	ORED LOCATION:
NJ0005622	Month Day Year 8 1 2010 To Month Day Year 8 31 2010	FACA – SW O	utfall FACA
PERMITTEE: PSE&G NUCLEAR LLC 80 PARK PLAZA NEWARK, NJ 07101	LOCATION OF ACTIVITY: PSEG NUCLEAR LLC SALEM GENERATING STATION ALLOWAY CREEK NECK RD HANCOCKS BRIDGE, NJ 08038	REPORT REC PSEG NUCLEAR PO BOX 236/N21 HANCOCKS BRII	LLC
	REGION / COUNTY: Southern / Salem C	County	
CHECK IF APPLICABLE:	No Discharge this Monitoring Period Monitoring	Report Comments Atta	ched
the certification. Where the hig responsibility or person designa another entity to operate the treat I certify under penalty of law the that, based on my inquiry of the complete. I am aware that there	ce a person designated by that person. For a local agency, the high thest ranking operator does not have the ability to authorize capital ted by that person shall also sign the second certification at the boatment works, the highest-ranking official of the contracted entity at I have personally examined and am familiar with the informationse individuals immediately responsible for obtaining the informate are significant penalties for submitting false information, including the second certification. The second certification is a second certification at the boatment works, the highest-ranking official of the contracted entity at I have personally examined and am familiar with the information are significant penalties for submitting false information, including the penalties up the second certification at the boatment works, the highest-ranking official of the contracted entity at I have personally examined and am familiar with the information at the boatment works, the highest-ranking official of the contracted entity at I have personally examined and am familiar with the information at I have personally examined and am familiar with the information at I have personally examined and am familiar with the information at I have personally examined and am familiar with the information at I have personally examined and am familiar with the information at I have personally examined and am familiar with the information at I have personally examined and am familiar with the information at I have personally examined and am familiar with the information at I have personally examined and am familiar with the information at I have personally examined and am familiar with the information at I have personally examined and am familiar with the information at I have personally examined and am familiar with the information at I have personally examined and am familiar with the information at I have personally examined and am familiar with the information at I have personally examined and am familiar with the information at I have	expenditures and hire p ttom of this page. If the shall sign the certificati on submitted in this doc ion, I believe that the in ling the possibility of a	personnel, a person having that the local agency has contracted with on. ument and all attachments, and afformation is true, accurate and and/or imprisonment, pursuant
Carl J. Fricker, Si	te Vice President - Salem		N/A
NAME AND TITLE OF PRINCIPAL I	EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATO	OR GRADE AND RE	egistry number (if applicable) 856-339-1102
SIGNATURE OF PRINCIPAL EXECU	TIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR	DATE	AREA CODE/PHONE NUMBER
	est-ranking operator does not have the ability to authorize capital expen hall sign the following certification:	ditures and hire personne	l, a person having that responsibility or
I certify under penalty of law and in	n accordance with N.J.S.A. 58:10A-6F(5) that I have reviewed the attache	ed discharge monitoring re	eports.
N/A	<u>N/A</u>	<u>N/A</u>	N/A
NAME AND TITLE	SIGNATURE	DATE	AREA CODE/PHONE NUMBER

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

FACA SW Outfall FACA

8/1/2010 TO 8/31/2010

PSEG NUCLEAR LLC SALEM GENERATIN

	.,	TOW Outland	,,,,,,	, ,, _ , , , , , , , , , , , , , , , ,	0 0/0 1/2010	. 02402	LAN LLO GAL	LIVI GEI		• • • •	
PARAMETER		QUANTITY	OR LOADING	UNITS	QUAL	ITY OR CONCENTR	ATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Temperature, oC	SAMPLE MEASUREMENT	*****	****		****	28.0	29.5		٥	Continuous	CONTIN
00010 G Raw Sew/influent	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT 01MOAV	REPORT 01DAMX	DEG.C		Continuous	CONTIN
Temperature,	QL	*****	******		******	*****	******			-	
оС	SAMPLE MEASUREMENT	*****	*****		*****	37.0	38.8		0	Continuous	CONTIN
00010 1 Effluent Gross Value	PERMIT REQUIREMENT	******	•••••	*****		REPORT 01MOAV	46.1 01DAMX	DEG.C		Continuous	CONTIN
T	QL	*****	*****		*****	*****	*****				
Temperature, oC	SAMPLE MEASUREMENT	****	*****		*****	8.9	10.2		0	10ay	CALCTO
00010 2 Effluent Net Value	PERMIT REQUIREMENT	*****	*****	*****	******	REPORT 01MOAV	15.3 01DAMX	DEG.C		1/Day	CALCTD
	QL	*****	*****		*****	*****	*****				
Lab Certification #	SAMPLE MEASUREMENT	17327	17451		PA 166						
99999 99 Lab	PERMIT REQUIREMENT	REPORT Lab #	REPORT Lab#		REPORT Lab#	REPORT Lab#	REPORT Lab#			Not Applic	NOT AP
	QL	*****	*****		*****	*****	*****				

Comments: If there are any questions in regards to the monitoring report form, please contact Susan Rosenwinkel of the BPSP - Region 2 at (609)292-4860 or via email at "srosenwi@dep.state.nj.us".

Surface Water Discharge Monitoring Report Submittal Form

MONITORED LOCATION:

AREA CODE/PHONE NUMBER

MONITORING PERIOD

SIGNATURE

NJPDES PERMIT

NAME AND TITLE

NJ0005622	Month Da		То	Month 8	Day 31	Year 2010	FACB – SW Outfall FACB					
PERMITTEE: PSE&G NUCLEAR LLC 80 PARK PLAZA NEWARK, NJ 07101		LOCAT PSEG NU GENERA ALLOWA HANCOC	CLEAR TING ST AY CREE	LLC SAI CATION EK NECK	LEM . RD	,	REPORT REC PSEG NUCLEAR PO BOX 236/N21 HANCOCKS BRI	LLC				
		REG	ION / CO	OUNTY:	Souther	n / Salem	County					
CHECK IF APPLICABLE:	No Dis	scharge this M	[onitoring	g Period		□ мо	onitoring Report Comm	nents Attached				
the certification or, in his absent he certification. Where the hig responsibility or person designate another entity to operate the treater of the certify under penalty of law that, based on my inquiry of the complete. I am aware that ther to N.J.A.C. 7:14A-6.9(B). The	thest ranking op- ted by that personatment works, the at I have personate individuals in the are significant	erator does no on shall also s he highest-ran nally examined mmediately ro t penalties for	of have the sign the sking offind ame esponsible submitti	te ability second cercial of the familiar le for obtaining false	to author rtificatio e contract with the aining the informat	rize capita n at the bo ted entity informati e informa ion, inclu	al expenditures and hire of the ottom of this page. If the shall sign the certification submitted in this doction, I believe that the inding the possibility of a	personnel, a person having that e local agency has contracted with ion. cument and all attachments, and information is true, accurate and and/or imprisonment, pursuant				
Carl J. Fricker, Si	te Vice Presiden	nt - Salem						N/A				
NAME AND TITLE OF PRINCIPAL			IZED AGE	ENT, OR *	LICENSE	D OPERAT	OR GRADE AND R 09/20/2010	EGISTRY NUMBER (IF APPLICABLE) 856-339-1102				
SIGNATURE OF PRINCIPAL EXECT	UTIVE OFFICER,	AUTHORIZED A	AGENT, O	R *LICEN	ISED OPE	RATOR	DATE	AREA CODE/PHONE NUMBER				
*For a local agency where the high person designated by that person s				oility to au	thorize co	ıpital expei	nditures and hire personne	el, a person having that responsibility or				
I certify under penalty of law and in	n accordance with	n N.J.S.A. 58:10	0A-6F(5)	that I have	e reviewe	d the attach	ned discharge monitoring r	eports.				

DATE

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

FACB SW Outfall FACB

8/1/2010 TO 8/31/2010

PSEG NUCLEAR LLC SALEM GENERATIN

PARAMETER		QUANTITY	OR LOADING	UNITS	QUALI	TY OR CONCENTE	RATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Temperature, oC	SAMPLE MEASUREMENT	****	*****		*****	28.0	29.5		0	Continuous	CONTIN
00010 G Raw Sew/influent	PERMIT. REQUIREMENT	******	******	*****	DE	REPORT 01MOAV	REPORT 01DAMX	DEG.C		Continuous	CONTIN
Temperature,	SAMPLE MEASUREMENT	****	*****		*****	36.2	37.7		0	Continuous	CONTIN
00010 1 Effluent Gross Value	PERMIT REQUIREMENT	*****	******	*****	*****	REPORT 01MOAV	46.1 01DAMX	DEG.C		Continuous	CONTIN
Temperature,	SAMPLE MEASUREMENT	*****	****		*****	8.2	8.3		0	1/204	CALCTO
00010 2 Effluent Net Value	PERMIT REQUIREMENT	******	*****	*****	*****	REPORT 01MOAV	15.3 01DAMX	DEG.C		1/Day	CALCTD
Lab Certification #	SAMPLE MEASUREMENT	17327	17451		PA 166	*****					
99999 99 Lab	PERMIT. REQUIREMENT.	REPORT Lab #	REPORT Lab#		REPORT Lab#.	REPORT Lab#	REPORT Lab #			Not/Applic	NOT AP

Comments: If there are any questions in regards to the monitoring report form, please contact Susan Rosenwinkel of the BPSP - Region 2 at (609)292-4860 or via email at "srosenwi@dep.state.nj.us".

Surface Water Discharge Monitoring Report Submittal Form

MONITORED LOCATION:

MONITORING PERIOD

NJPDES PERMIT

NJ0005622	Month Day Year 8 1 2010 To Mont	h Day Year 31 2010	FACC – SW Ou	tfall FACC				
PERMITTEE: PSE&G NUCLEAR LLC 80 PARK PLAZA NEWARK, NJ 07101	LOCATION OF AC PSEG NUCLEAR LLC S GENERATING STATION ALLOWAY CREEK NEC HANCOCKS BRIDGE, N	ALEM V CK RD	REPORT RECIPIENT: PSEG NUCLEAR LLC PO BOX 236/N21 HANCOCKS BRIDGE, NJ 08038					
	REGION / COUNTY	∕: Southern / Salem	County					
CHECK IF APPLICABLE:	No Discharge this Monitoring Perio	d I	Monitoring Report Comments Attached					
responsibility or person designa another entity to operate the treat I certify under penalty of law the that, based on my inquiry of the complete. I am aware that there to N.J.A.C. 7:14A-6.9(B). The	hest ranking operator does not have the abilited by that person shall also sign the second attend works, the highest-ranking official of at I have personally examined and am familiase individuals immediately responsible for one are significant penalties for submitting falsonew Jersey water Pollution Control Act prov	certification at the both the contracted entity ar with the information to the information, include the information, include the contraction of th	ottom of this page. If the shall sign the certification on submitted in this document, I believe that the infeding the possibility of and	local agency has contracted with n. ment and all attachments, and ormation is true, accurate and d/or imprisonment, pursuant				
	e Vice President - Salem Executive officer, authorized agent, or	*LICENSED OPERATO	OR GRADE AND REC	N/A SISTRY NUMBER (IF APPLICABLE)				
1647	J		09/20/2010	856-339-1102				
SIGNATURE OF PRINCIPAL EXECU	TIVE OFFICER, AUTHORIZED AGENT, OR *LIC	ENSED OPERATOR	DATE	AREA CODE/PHONE NUMBER				
person designated by that person s	est-ranking operator does not have the ability to a hall sign the following certification:		•					
I certify under penalty of law and in	accordance with N.J.S.A. 58:10A-6F(5) that I ha	ve reviewed the attach	ed discharge monitoring rep	orts.				
<u>N/A</u>	<u>N/A</u>		<u>N/A</u>	<u>N/A</u>				
NAME AND TITLE	SIGNATURE		DATE	AREA CODE/PHONE NUMBER				

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

FACC SW Outfall FACC

8/1/2010 TO 8/31/2010

PSEG NUCLEAR LLC SALEM GENERATIN

NOCOCCUL		J O II O G II G II I			0 0,0 1,20 10						
PARAMETER		QUANTITY	OR LOADING	UNITS QUALITY OR CONCENTRATION				UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Flow, In Conduit or Thru Treatment Plant	SAMPLE MEASUREMENT	2654	2707		****	****	****		0	100m	CALCTD
50050 G Raw Sew/influent	PERMIT REQUIREMENT	3024 01MOAV	REPORT 01DAMX	MGD	*****	*****	*****	*****		1/Day	CALCTD
Thermal Discharge Million BTUs per Hr	SAMPLE MEASUREMENT	14908	15416	<u> </u>	*****	*****	****		0	Your	CALCTO
00015 2 Effluent Net Value	PERMIT REQUIREMENT.	REPORT 01MOAV	30600 01DAMX	MBTU/HR	*****	*****	*****	*****		1/Day	CALCTD
Lab Certification #	SAMPLE MEASUREMENT	17327	17451	#	PA 166						
99999 99 Lab	PERMIT REQUIREMENT	REPORT Lab #	REPORT Lab #		REPORT Lab #	REPORT Lab #	REPORT Lab #			Not Applic	NOT AP

Comments: If there are any questions in regards to the monitoring report form, please contact Susan Rosenwinkel of the BPSP - Region 2 at (609)292-4860 or via email at "srosenwi@dep.state.nj.us".

Surface Water Discharge Monitoring Report Submittal Form

	MONITORING PERIOD	MONITORED LOCATION:					
NJ0005622	Month Day Year 8 1 2010 To 8 31 2010	- 048C – SW Out	fall 48C				
PERMITTEE: PSE&G NUCLEAR LLC 80 PARK PLAZA NEWARK, NJ 07101	LOCATION OF ACTIVITY: PSEG NUCLEAR LLC SALEM GENERATING STATION ALLOWAY CREEK NECK RD HANCOCKS BRIDGE, NJ 08038	REPORT REC PSEG NUCLEAR L PO BOX 236/N21 HANCOCKS BRID	LC				
	REGION / COUNTY: Southern / Sale	m County	* .				
CHECK IF APPLICABLE	: No Discharge this Monitoring Period	Monitoring Report Comme	nts Attached				
another entity to operate the tre	nted by that person shall also sign the second certification at the atment works, the highest-ranking official of the contracted ent at I have personally examined and am familiar with the inform	ity shall sign the certification	n.				
that, based on my inquiry of the complete. I am aware that the	ose individuals immediately responsible for obtaining the information are significant penalties for submitting false information, inc. New Jersey water Pollution Control Act provides for penalties	mation, I believe that the infeluding the possibility of an	ormation is true, accurate and d/or imprisonment, pursuant				
that, based on my inquiry of the complete. I am aware that ther to N.J.A.C. 7:14A-6.9(B). The	ose individuals immediately responsible for obtaining the information re are significant penalties for submitting false information, income Jersey water Pollution Control Act provides for penalties	mation, I believe that the infeluding the possibility of an	ormation is true, accurate and d/or imprisonment, pursuant				
that, based on my inquiry of the complete. I am aware that thei to N.J.A.C. 7:14A-6.9(B). The Carl J. Fricker, Si	ose individuals immediately responsible for obtaining the information, increase significant penalties for submitting false information, inc	mation, I believe that the infeluding the possibility of an up to \$50,000 per violation.	ormation is true, accurate and d/or imprisonment, pursuant				
that, based on my inquiry of the complete. I am aware that thei to N.J.A.C. 7:14A-6.9(B). The Carl J. Fricker, Si NAME AND TITLE OF PRINCIPAL	ose individuals immediately responsible for obtaining the information of the are significant penalties for submitting false information, income New Jersey water Pollution Control Act provides for penalties the Vice President - Salem	mation, I believe that the infeluding the possibility of an up to \$50,000 per violation. ATOR GRADE AND REC	Ormation is true, accurate and d/or imprisonment, pursuant N/A GISTRY NUMBER (IF APPLICABLE)				
that, based on my inquiry of the complete. I am aware that ther to N.J.A.C. 7:14A-6.9(B). The Carl J. Fricker, Si NAME AND TITLE OF PRINCIPAL SIGNATURE OF PRINCIPAL EXEC *For a local agency where the hig.	ose individuals immediately responsible for obtaining the information of the are significant penalties for submitting false information, income New Jersey water Pollution Control Act provides for penalties to Vice President - Salem EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPER.	mation, I believe that the infeluding the possibility of an up to \$50,000 per violation. ATOR GRADE AND REGULATE 09/20/2010 DATE	Ormation is true, accurate and d/or imprisonment, pursuant N/A GISTRY NUMBER (IF APPLICABLE) 856-339-1102 AREA CODE/PHONE NUMBER				
that, based on my inquiry of the complete. I am aware that ther to N.J.A.C. 7:14A-6.9(B). The Carl J. Fricker, Si NAME AND TITLE OF PRINCIPAL SIGNATURE OF PRINCIPAL EXEC *For a local agency where the high person designated by that person.	ose individuals immediately responsible for obtaining the information are are significant penalties for submitting false information, income New Jersey water Pollution Control Act provides for penalties to Vice President - Salem EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR UTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR thest-ranking operator does not have the ability to authorize capital ex	mation, I believe that the infeluding the possibility of an up to \$50,000 per violation. ATOR GRADE AND RECONSTRUCTION OF THE PROPOSITION OF THE	ormation is true, accurate and d/or imprisonment, pursuant N/A GISTRY NUMBER (IF APPLICABLE) 856-339-1102 AREA CODE/PHONE NUMBER a person having that responsibility or				
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MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

048C SW Outfall 48C

8/1/2010 TO 8/31/2010

PSEG NUCLEAR LLC SALEM GENERATIN

1430003022	0-100	SW Outlan 40	<u> </u>	,_0.0	0 0/3 1/2010	. 020 1100	LAN LLO SAL			• • •	-
PARAMETER		QUANTITY (OR LOADING	UNITS	QUALI	TY OR CONCENTR	RATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Flow, In Conduit or Thru Treatment Plant	· SAMPLE . MEASUREMENT	0.2961	0.9511		*****	*****	*****		Ö	1004	CALCTD
50050 1 Effluent Gross Value	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX	MGD	*****	******	******	*****		1/Day	CALCTD
Solids, Total Suspended	SAMPLE MEASUREMENT	****	*****		****	7	10		0	2/month	compos
00530 1 Effluent Gross Value	PERMIT REQUIREMENT	*****	****	****	FARRAS	30 01MOAV	100 01DAMX	MG/L		2/Month	COMPOS
Nitrogen, Ammonia Total (as N)	SAMPLE MEASUREMENT	*****	*****		*****	4	8		0	2/month	compos
00610 1 Effluent Gross Value	PERMIT REQUIREMENT	*****	*****	*****	*****	35 01MOAV	70. 01DAMX	MG/L		2/Month	COMPOS
Petroleum	QL SAMPLE	*****	*****		*****	**************************************				2/	C0.4.2
Hydrocarbons 00551 1	MEASUREMENT PERMIT	*****	*****	*****	*****	<u>ر</u> ک	\S 15	MG/L	٥	/ Month	GRAB GRAB
Effluent Gross Value	REQUIREMENT QL	*****	*****		*****	01MOAV	01DAMX				
(TOC)	SAMPLE MEASUREMENT	****	****		*****	5	6		0	2/MONTH	COMPOS
00680 1 Effluent Gross Value	PERMIT REQUIREMENT	*******	******	*****	*****	REPORT 01MOAV	50 01DAMX	MG/L		2/Month	COMPOS
Lab Certification #	SAMPLE MEASUREMENT	17327	17451		PA 166						
99999 99 Lab	PERMIT REQUIREMENT	REPORT Lab #	REPORT Lab #		REPORT Lab #	REPORT Lab#	REPORT: Lab #			Not Applic	NOT AP
	QL	*****	*****		*****	*****	*****		17.73 A		

Comments: If there are any questions in regards to the monitoring report form, please contact Susan Rosenwinkel of the BPSP - Region 2 at (609)292-4680 or via email at "srosenwi@dep.state.nj.us".

Surface Water Discharge Monitoring Report Submittal Form

MONITORED LOCATION:

MONITORING PERIOD

NJPDES PERMIT

NJ0005622	Month Day 8 1	Year To	Month Day Year 8 31 2010	\	fall 481A
PERMITTEE: PSE&G NUCLEAR LLC 80 PARK PLAZA NEWARK, NJ 07101	C	LOCATION (PSEG NUCLEAR GENERATING S ALLOWAY CRE HANCOCKS BRI	TATION EK NECK RD	REPORT RECI PSEG NUCLEAR L PO BOX 236/N21 HANCOCKS BRID	LC
		REGION / C	COUNTY: Southern / Sal	em County	
CHECK IF APPLICABLE:	No Discharg	e this Monitorin	g Period 🔲 Monitor	ing Report Comments Attac	hed
WHO MUST SIGN The high the certification or, in his absend the certification. Where the high responsibility or person designal another entity to operate the treat	ce a person designate hest ranking operato ted by that person sh	ed by that person or does not have to nall also sign the	For a local agency, the he ability to authorize ca second certification at th	highest ranking operator of to pital expenditures and hire per e bottom of this page. If the	he treatment works shall sign ersonnel, a person having that local agency has contracted with
I certify under penalty of law that, based on my inquiry of the complete. I am aware that there to N.J.A.C. 7:14A-6.9(B). The	se individuals imme e are significant pen	diately responsil alties for submit	ole for obtaining the infor ting false information, in	mation, I believe that the inf cluding the possibility of an	ormation is true, accurate and d/or imprisonment, pursuant
Carl J. Fricker, Sid	e Vice President - Sa	<u>alem</u>			N/A
	EVECTATIVE OFFICED				- 17 - 2
NAME AND TITLE OF PRINCIPAL I	EXECUTIVE OFFICER,	, AUTHORIZED AG	EENT, OR *LICENSED OPER		GISTRY NUMBER (IF APPLICABLE)
	1			09/20/2010	SISTRY NUMBER (IF APPLICABLE) 856-339-1102
SIGNATURE OF PRINCIPAL EXECT	TTIVE OFFICER, AUTH nest-ranking operator a hall sign the following	IORIZED AGENT, does not have the a	OR *LICENSED OPERATOR ubility to authorize capital e.	09/20/2010 R DATE expenditures and hire personnel,	856-339-1102 AREA CODE/PHONE NUMBER a person having that responsibility or
*For a local agency where the high person designated by that person s	TTIVE OFFICER, AUTH nest-ranking operator a hall sign the following	IORIZED AGENT, does not have the a	OR *LICENSED OPERATOR ubility to authorize capital e.	09/20/2010 R DATE expenditures and hire personnel,	856-339-1102 AREA CODE/PHONE NUMBER a person having that responsibility or

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

481A SW Outfall 481A

8/1/2010 TO 8/31/2010

PSEG NUCLEAR LLC SALEM GENERATIN

PARAMETER											
		QUANTITY (OR LOADING	UNITS	QUALI	TY OR CONCENTE	RATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Flow, In Conduit or Thru Treatment Plant	SAMPLE MEASUREMENT	508	520		****	*****	****		0	Your	CALCTD
50050 1 Effluent Gross Value	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX	MGD	******	*****	*****	*****		1/Day	CALCTD
pH	SAMPLE MEASUREMENT	****	****		7.1	****	7.7		0	1 Week	GRAB
00400 1 Effluent Gross Value	PERMIT REQUIREMENT.	*****	*****	*****	6.0 01DAMN	Attion 111111	9.0 -01DAMX	su	11	1/Week	GRAB
pH	SAMPLE MEASUREMENT	*****	*****		7.5	*****	7.9		٥	1/week	GRAB
00400 7 Intake From Stream	PERMIT REQUIREMENT	*****	******	*****	REPORT 01DAMN	******	REPORT 01DAMX	su		1/Week	GRAB
LC50 Statre 96hr Acu Cyprinodon	SAMPLE MEASUREMENT	*****	****		CODE = N	****	*****		0	C00E = M	CODE = N
TAN6A 1 Effluent Gross Value	PERMIT PEQUIREMENT	inner :	******	*****	50 01DAMN	ANNAN A	*****	%EFFL		2/Year	COMPOS
Chlorine Produced Oxidants	SAMPLE MEASUREMENT	*****	*****	, -	*****	CODE=N	C00E = N		0	C00E: H	C00/5 ≈ N
*CPOX 1 Effluent Gross Value Option 1	PERMIT REQUIREMENT	ARREAS FREEZE	Annes	****	*******	0.3 01MOAV	0.5 01DAMX	MG/L		3/Week	GRAB
Chlorine Produced Oxidants	SAMPLE MEASUREMENT	*****	****		*****	(0.1	(0.1		0	3/week	GRAB
*CPOX 1 Effluent Gross Value Option 2	PERMIT REQUIREMENT	****** ******	******	*****	******	REPORT 01MOAV	0:2 01DAMX	MG/L		3/Week	GRAB

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

481A SW Outfall 481A

8/1/2010 TO 8/31/2010

PSEG NUCLEAR LLC SALEM GENERATIN

1100003022	-10174	OW Outlan 40	17.	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	0 0/01/2010	102411001	LAN LLO OAL			• • •	
PARAMETER		QUANTITY	OR LOADING	UNITS	QUALI	TY OR CONCENTE	RATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Temperature, oC	SAMPLE MEASUREMENT	****	*****		*****	37.0	40.9		0	1/004	NITHOO
00010 1 Effluent Gross Value	PERMIT REQUIREMENT	estima :	*****	*****	******	REPORT 01MOAV	REPORT 01DAMX	DEG.C		1/Day	CONTIN
Lab Certification #	SAMPLE MEASUREMENT	\7327	17451		PA 166	*******					
99999 99 Lab	PERMIT REQUIREMENT.	REPORT Lab#	REPORT Lab#		REPORT Lab #	REPORT* Lab#	REPORT Lab#			Not Applic	: NOT AP
	QL	*****	*****	,	*****	*****	Attata				

Surface Water Discharge Monitoring Report Submittal Form

MONITORED LOCATION:

MONITORING PERIOD

NJPDES PERMIT

NJ0005622	MonthDayYear812010	To Month D 8 3	ay Year 1 2010	482A – SW Out	fall 482A				
PERMITTEE: PSE&G NUCLEAR LLC PSEG NUCLEAR LLC SALEM PSEG NUCLEAR LLC PO BOX 236/N21 HANCOCKS BRIDGE, NJ 08038 HANCOCKS BRIDGE, NJ 08038									
	REGIO	ON / COUNTY: Sou	thern / Salem C	County					
CHECK IF APPLICABLE:	No Discharge this Moni	toring Period	Monitoring :	Report Comments Attac	hed				
WHO MUST SIGN The highest ranking official having day-to-day managerial and operational responsibilities for the discharging facility shall sign the certification or, in his absence a person designated by that person. For a local agency, the highest ranking operator of the treatment works shall sign the certification. Where the highest ranking operator does not have the ability to authorize capital expenditures and hire personnel, a person having that responsibility or person designated by that person shall also sign the second certification at the bottom of this page. If the local agency has contracted with another entity to operate the treatment works, the highest-ranking official of the contracted entity shall sign the certification. I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and all attachments, and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of and/or imprisonment, pursuant to N.J.A.C. 7:14A-6.9(B). The New Jersey water Pollution Control Act provides for penalties up to \$50,000 per violation.									
Carl I Bricker Si	te Vice President - Salem				N/A				
NAME AND TITLE OF PRINCIPAL	/	ED AGENT, OR *LICE	NSED OPERATO	GRADE AND REC	GISTRY NUMBER (IF APPLICABLE) 856-339-1102				
SIGNATURE OF PRINCIPAL EXECU	UTIVE OFFICER, AUTHORIZED AG	GENT, OR *LICENSED	OPERATOR	DATE	AREA CODE/PHONE NUMBER				
*For a local agency where the highest-ranking operator does not have the ability to authorize capital expenditures and hire personnel, a person having that responsibility or person designated by that person shall sign the following certification: I certify under penalty of law and in accordance with N.J.S.A. 58:10A-6F(5) that I have reviewed the attached discharge monitoring reports.									
N/A		N/A		N/A	N/A				

ourrace water Discharge Monitoring neport

PERMIT NUMBER:

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

482A SW Outfall 482A

8/1/2010 TO 8/31/2010

PSEG NUCLEAR LLC SALEM GENERATIN

1430003022	702A	SW Outrail 40	2.7	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	0/3//2010	I OLG NOO!	LLAN LLO SAL	LIVI GLI		• • •	•
PARAMETER		QUANTITY	OR LOADING	UNITS	QUALI	TY OR CONCENTE	RATION	UNIŢS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Flow, In Conduit or Thru Treatment Plant	SAMPLE MEASUREMENT	434	474		*****	****	*****		٥	You	CALCTO
50050 1 Effluent Gross Value	PERMIT: REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX	MGD	ANNEX	ANTONO	******	*****		1/Day	CALCTD
pH	SAMPLE MEASUREMENT	****	*****		7.1	*****	7.7		0	1 Week	GRAB
00400 1 Effluent Gross Value	PERMIT REQUIREMENT	******	*****	*****	6.0 01DAMN	*****	9.0 01DAMX	su		1/Week	GRAB
рН	SAMPLE MEASUREMENT	*****	*****		7.5	*****	7.9		Ò	1/wæk	GRAB
00400 7 Intake From Stream	PERMIT REQUIREMENT	AAAAA D	*****	*****	REPORT 01DAMN	,*************************************	REPORT 01DAMX	SU		1/Week	GRAB
LC50 Statre 96hr Acu Cyprinodon	SAMPLE MEASUREMENT	*****	*****		~~~~~ Co⊅€ ≈ N	*****	*****		0	CODE: N	CODE : N
TAN6A 1 Effluent Gross Value	PERMIT REQUIREMENT	*****	ANDANA.	*****	50 01DAMN	A****	******	%EFFL		2/Year	COMPOS
Chlorine Produced Oxidants	SAMPLE MEASUREMENT	****	*****		*****	C006 = N	CODE = N		0	CODE = N	CODE = N
*CPOX 1 Effluent Gross Value	PERMIT REQUIREMENT	*****	*****	*****	*****	0.3 01MOAV	0.5 01DAMX	MG/L		3/Week	GRAB
Option 1 Chlorine Produced Oxidants	QL" SAMPLE MEASUREMENT	*****	*****		*****	₹0.1	⟨०.١		0	3/week	GRAB
*CPOX 1 Effluent Gross Value	PERMIT REQUIREMENT	*****	******	*****	*****	REPORT 01MOAV	0.2 01DAMX	MG/L		3/Week	GRAB
Option 2	QL	*****	****		****	*****	*****				

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

482A SW Outfall 482A

8/1/2010 TO 8/31/2010

PSEG NUCLEAR LLC SALEM GENERATIN

PARAMETER		QUANTITY	OR LOADING	UNITS	QUALI	TY OR CONCENTR	ATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Temperature, oC	SAMPLE MEASUREMENT	*****	****		*****	37.1	40.1		0	1/2004	CONTIN
00010 1 Effluent Gross Value	PERMITA REQUIREMENT	******	*****	*****	*****	REPORT 01MOAV	REPORT 01DAMX	DEG.C		1/Day	CONTIN
	- QL	*****	*****		*****	*****	****				
Lab Certification #	SAMPLE MEASUREMENT	17327	17451		PA 166			•			
99999 99 Lab	PERMIT REQUIREMENT	REPORT Lab #	REPORT Lab #		REPORT Lab#	REPORT Lab#	REPORT Lab #			Not Applic	NOT AP
	QL	*****	*****		*****	*****	*****				

Surface Water Discharge Monitoring Report Submittal Form

NJPDES PERMIT		MC	NITOR	ING	PERIO	D		MONITORED LOCATION:						
NJ0005622	Month 8	Day 1	Year 2010	То	Month 8	Day 31	Year 2010] 4	483A – SW Outfall 483A					
PERMITTEE:		T	OCATI	ON C	OF ACT	IVITY	•		REPORT RECI	PIENT:				
PSE&G NUCLEAR LLC			SEG NUC				<u>-</u>		PSEG NUCLEAR L					
80 PARK PLAZA			ENERAT						PO BOX 236/N21					
NEWARK, NJ 07101			LLOWAY						HANCOCKS BRID	GE, NJ 08038				
			REGIO	ON / C	COUNTY:	Souther	n / Salen	n Co	ounty					
CHECK IF APPLICABLES	: No	Discharg							toring Report Comme	nts Attached				
the certification. Where the highest ranking operator does not have the ability to authorize capital expenditures and hire personnel, a person having that responsibility or person designated by that person shall also sign the second certification at the bottom of this page. If the local agency has contracted with another entity to operate the treatment works, the highest-ranking official of the contracted entity shall sign the certification. I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and all attachments, and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of and/or imprisonment, pursuant to N.J.A.C. 7:14A-6.9(B). The New Jersey water Pollution Control Act provides for penalties up to \$50,000 per violation.														
that, based on my inquiry of the complete. I am aware that ther to N.J.A.C. 7:14A-6.9(B). The	nat I have pe ose individu e are signif New Jersey	ersonally e als immedicant pena water Pol	examined a liately resulties for s llution Co	and an ponsib	n familiar ble for obt ting false	e contra with the aining the informa	cted entite information, incl	ty sh tion atio ludin	nall sign the certification submitted in this docu on, I believe that the infing the possibility of an	on. Imment and all attachments, and Formation is true, accurate and Id/or imprisonment, pursuant				
that, based on my inquiry of the complete. I am aware that ther to N.J.A.C. 7:14A-6.9(B). The <u>Carl J. Fricker, Si</u>	nat I have pe ose individu re are signif New Jersey te Vice Pres	ersonally e als immedicant pena water Pol	examined a liately resulties for s llution Cou	and an ponsib ubmitt ntrol A	n familiar ble for obt ting false Act provid	e contra with the aining the information postering	cted entite informate information, incl enalties u	tion tion natio ludin	nall sign the certification submitted in this docurrent, I believe that the infing the possibility of an \$50,000 per violation.	on. Imment and all attachments, and Formation is true, accurate and Id/or imprisonment, pursuant				
that, based on my inquiry of the complete. I am aware that ther to N.J.A.C. 7:14A-6.9(B). The <u>Carl J. Fricker, Si</u>	nat I have pe ose individu re are signif New Jersey te Vice Pres	ersonally e als immedicant pena water Pol	examined a liately resulties for s llution Cou	and an ponsib ubmitt ntrol A	n familiar ble for obt ting false Act provid	e contra with the aining the information postering	cted entite informate information, incl enalties u	tion tion natio ludin	nall sign the certification submitted in this docurrent, I believe that the infing the possibility of an \$50,000 per violation.	on. Imment and all attachments, and Formation is true, accurate and Id/or imprisonment, pursuant				
that, based on my inquiry of the complete. I am aware that ther to N.J.A.C. 7:14A-6.9(B). The <u>Carl J. Fricker, Si</u>	nat I have pe ose individu re are signif New Jersey te Vice Pres	ersonally e als immedicant pena water Pol	examined a liately resulties for s llution Cou	and an ponsib ubmitt ntrol A	n familiar ble for obt ting false Act provid	e contra with the aining the information postering	cted entite informate information, incl enalties u	tion tion natio ludin	nall sign the certification submitted in this docurrent, I believe that the infing the possibility of an \$50,000 per violation.	on. ument and all attachments, and formation is true, accurate and d/or imprisonment, pursuant . N/A				
that, based on my inquiry of the complete. I am aware that ther to N.J.A.C. 7:14A-6.9(B). The Carl J. Fricker, Si NAME AND TITLE OF PRINCHEAL	nat I have people individure are signif. New Jersey te Vice Pres	ersonally e als immedicant pena water Pol sident - Sa OFFICER,	examined a diately resulties for s llution Co- lem	and an ponsibubmitt	n familiar ble for obt ting false Act provid EENT, OR *	with the aining the information for posterior posterior between the contract of the contract o	cted entite information, includenalties under the control of the c	tion tion natio ludin	submitted in this docu on, I believe that the inf ing the possibility of an \$50,000 per violation.	on. Imment and all attachments, and formation is true, accurate and id/or imprisonment, pursuant N/A GISTRY NUMBER (IF APPLICABLE)				
that, based on my inquiry of the complete. I am aware that ther to N.J.A.C. 7:14A-6.9(B). The Carl J. Fricker, Si NAME AND TITLE OF PRINCIPAL SIGNATURE OF PRÍNCIPAL EXECU- *For a local agency where the high person designated by that person services.	nat I have people individure are signif. New Jersey te Vice PresexEXECUTIVE UTIVE OFFICE thest-ranking the	ersonally eals immedicant pena water Pol sident - Sa OFFICER, A	examined a liately resulties for s llution Collem AUTHORIZ ORIZED AC oes not have certification	and an ponsibubmitt ntrol ACED AG	n familiar ble for obt ting false Act provid EENT, OR *	with the aining the information possible for possible the contract of the cont	cted entites information, includenalties under the company of the	tion tion natio duding to	submitted in this docu on, I believe that the inf ing the possibility of an \$50,000 per violation. GRADE AND REC 09/20/2010 DATE tures and hire personnel,	on. Inment and all attachments, and formation is true, accurate and ad/or imprisonment, pursuant N/A GISTRY NUMBER (IF APPLICABLE) 856-339-1102 AREA CODE/PHONE NUMBER a person having that responsibility or				
that, based on my inquiry of the complete. I am aware that ther to N.J.A.C. 7:14A-6.9(B). The Carl J. Fricker, Si NAME AND TITLE OF PRINCIPAL SIGNATURE OF PRINCIPAL EXECUTE *For a local agency where the high person designated by that person signated by that person signated in the care of the signated by that person signated by the person signated by the signat	nat I have people individure are signif. New Jersey te Vice PresexEXECUTIVE UTIVE OFFICE thest-ranking the	ersonally eals immedicant pena water Pol sident - Sa OFFICER, A	examined a liately resulties for s llution Collem AUTHORIZ ORIZED AC oes not have certification	and an ponsibubmitt ntrol A EED AG GENT, Cover the an: A-6F(5)	n familiar ble for obt ting false Act provid EENT, OR * OR *LICEN bility to an	with the aining the information possible for possible the contract of the cont	cted entites information, includenalties under the company of the	tion tion natio duding to	submitted in this document. I believe that the infing the possibility of an \$50,000 per violation. GRADE AND RECUMENTAL DATE Stures and hire personnel, discharge monitoring reputation.	on. Inment and all attachments, and formation is true, accurate and d/or imprisonment, pursuant N/A GISTRY NUMBER (IF APPLICABLE) 856-339-1102 AREA CODE/PHONE NUMBER a person having that responsibility or ports.				
that, based on my inquiry of the complete. I am aware that ther to N.J.A.C. 7:14A-6.9(B). The Carl J. Fricker, Si NAME AND TITLE OF PRINCIPAL SIGNATURE OF PRINCIPAL EXECUTE *For a local agency where the high person designated by that person series.	nat I have people individure are signif. New Jersey te Vice PresexEXECUTIVE UTIVE OFFICE thest-ranking the	ersonally ersona	examined a liately resulties for s llution Collem AUTHORIZ ORIZED AC oes not have certification	and an ponsibubmitt ntrol A EED AG GENT, Cove the an: A-6F(5)	n familiar ble for obt ting false Act provid EENT, OR *	with the aining the information possible for possible the contract of the cont	cted entites information, includenalties under the company of the	tion tion natio duding to	submitted in this docu on, I believe that the inf ing the possibility of an \$50,000 per violation. GRADE AND REC 09/20/2010 DATE tures and hire personnel,	on. Inment and all attachments, and formation is true, accurate and ad/or imprisonment, pursuant N/A GISTRY NUMBER (IF APPLICABLE) 856-339-1102 AREA CODE/PHONE NUMBER a person having that responsibility or				

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

483A SW Outfall 483A

8/1/2010 TO 8/31/2010

PSEG NUCLEAR LLC SALEM GENERATIN

		On Outlan 10	-			. 52455	LLAN LLO OAL			• ••	
PARAMETER		QUANTITY (OR LOADING	UNITS	QUAL	ITY OR CONCENTI	RATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Flow, In Conduit or Thru Treatment Plant	SAMPLE MEASUREMENT	469	471		****	****	****		0	1/Day	CALCTD
50050 1 Effluent Gross Value	PERMIT REQUIREMENT:	REPORT: 01MOAV	REPORT 01DAMX	MGD	*****	*****	******	*****		1/Day	CALCTD
рН	SAMPLE MEASUREMENT	****	*****		7.1	*****	7.7		0	\\Week	GRAB
00400 1 Effluent Gross Value	PERMIT: REQUIREMENT	******	nedana Panana	******	6.0 01DAMN	. ******	9.0 01DAMX	su		1/Week	GRAB
рН	SAMPLE MEASUREMENT	*****	*****		7.5	*****	7.9		0	Ywek	GRAB
00400 7 Intake From Stream	PERMIT. REQUIREMENT	******	*****	*****	REPORT 01DAMN	*****	REPORT 01DAMX	su		1/Week	GRAB.
Chlorine Produced	SAMPLE MEASUREMENT	*****	*****		*****	~ 300⊃ = N	CODE = N		0	CODE = N	CODE: N
Oxidants *CPOX 1 Effluent Gross Value	PERMIT REQUIREMENT	******	*****	*****	*****	0.3 01MOAV	0,5 01DAMX	MG/L)	3/Week	GRAB
Option 1 Chlorine Produced	QL SAMPLE	*****	*****		******	******	******			31	
Oxidants *CPOX 1	MEASUREMENT PERMIT			*****	*****	CO-1	∠ o.\ 0.2	MG/L	0	3/Week	GRAB GRAB
Effluent Gross Value Option 2	REQUIREMENT QL	*****	******		*****	01MOAV	01DAMX	WG/L			
Temperature, oC	SAMPLE MEASUREMENT	****	***		*****	36.9	39.4		0	1004	CONTIN
00010 1 Effluent Gross Value	PERMIT REQUIREMENT	Anson	anning.	*****	244254	REPORT 01MOAV	REPORT 01DAMX	DEG.C		1/Day	CONTIN
	QL	*****	*****		*****	*****	*****				

Comments: Any questions in regards to the monitoring report form can be directed to S. Rosenwinkel of the BPSP - Region 2 at (609)292-4860.

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

483A SW Outfall 483A

8/1/2010 TO 8/31/2010

PSEG NUCLEAR LLC SALEM GENERATIN

PARAMETER	X	QUANTITY (OR LOADING	LOADING UNITS QUALITY OR CONCENTRATION				UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Lab Certification #	SAMPLE MEASUREMENT	17327	12451		PA 166			3.040			
99999 99 Lab	PERMIT REQUIREMENT	REPORT Lab #	REPORT Lab #		REPORT Lab #	REPORT Lab #	REPORT Lab #			Not Applic	NOT AP

Comments: Any questions in regards to the monitoring report form can be directed to S. Rosenwinkel of the BPSP - Region 2 at (609)292-4860.

Surface Water Discharge Monitoring Report Submittal Form

MONITORED LOCATION:

MONITORING PERIOD

NJPDES PERMIT

NJ0005622		Year 2010 To	Month Day 8 31	Year 2010	484A – SW Out	fall 484A
PERMITTEE: PSE&G NUCLEAR LLC 80 PARK PLAZA NEWARK, NJ 07101	PSE GEI ALI	DCATION OF EG NUCLEAR I ENERATING ST LOWAY CREED INCOCKS BRID	ATION K NECK RD		REPORT RECI PSEG NUCLEAR L PO BOX 236/N21 HANCOCKS BRIDG	LC .
		REGION / CC	OUNTY: Souther	n / Salem (County	
CHECK IF APPLICABLE:	No Discharge tl	his Monitoring	Period N	onitoring	Report Comments Attac	hed
the certification. Where the high responsibility or person designary another entity to operate the treat. I certify under penalty of law that, based on my inquiry of the complete. I am aware that there to N.J.A.C. 7:14A-6.9(B). The interest of the certification of the complete is a superior of the complete.	ited by that person shall atment works, the higher at I have personally exacts individuals immediate are significant penalticant.	I also sign the se est-ranking offic amined and am ately responsible ties for submitting	econd certification in the contract familiar with the for obtaining the false informat	n at the bo ted entity information information, including	ttom of this page. If the shall sign the certification on submitted in this document, I believe that the infoling the possibility of and	ocal agency has contracted with n. ment and all attachments, and ormation is true, accurate and
Carl J. Fricker, Sit	te Vige President - Sale	<u>.</u>				N/A
NAME AND TITLE OF PRINCIPAL I	EXECUTIVE OFFICER, AU	JTHORIZED AGE	NT, OR *LICENSE	OPERATO		ISTRY NUMBER (IF APPLICABLE)
					09/20/2010	856-339-1102
SIGNATURE OF PRINCIPAL EXECU	JTIVE OFFICER, AUTHOR	RIZED AGENT, OI	R *LICENSED OPE	RATOR	09/20/2010 DATE	856-339-1102 AREA CODE/PHONE NUMBER
,	hest-ranking operator doe: shall sign the following ces	es not have the abi ertification:	ility to authorize co	pital expen	DATE ditures and hire personnel,	AREA CODE/PHONE NUMBER a person having that responsibility or
*For a local agency where the high person designated by that-person s	hest-ranking operator doe: shall sign the following ces	es not have the abi ertification: A. 58:10A-6F(5) th	ility to authorize co	pital expen	DATE ditures and hire personnel,	AREA CODE/PHONE NUMBER a person having that responsibility or

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

484A SW Outfall 484A

8/1/2010 TO 8/31/2010

PSEG NUCLEAR LLC SALEM GENERATIN

		Ott Quitan 40			10 0/31/2010	. 52555.	LLAN LLO JAL		16.17		•
PARAMETER		QUANTITY	OR LOADING	UNITS	QUALI	TY OR CONCENTE	RATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Flow, In Conduit or Thru Treatment Plant	SAMPLE MEASUREMENT	505	506		*****	*****	*****		6	1/004	CALCTO
50050 1 Effluent Gross Value	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX	MGD	*****************	extent	enten	*****		1/Day	CALCTD
pH	SAMPLE MEASUREMENT	****	*****		7.2	*****	7.6		0	1/Week	CRAS
00400 1 Effluent Gross Value	PERMIT REQUIREMENT	*****	Special Specia	*****	6.0 01DAMN	AND CARROLL OF THE PARTY OF THE	9.0 01DAMX	รบ		1/Week	GRAB
На	QL	*****	****		*****	*****	*****				
pn	SAMPLE MEASUREMENT	*****	*****		7.5	*****	7.9		0	Week	GRAB
00400 7 Intake From Stream	PERMIT REQUIREMENT	*****	*****	*****	REPORT 01DAMN	******	REPORT 01DAMX	SU		1/Week	GRAB
	QL	****	*****	est page	*****	*****	*****				
LC50 Statre 96hr Acu Cyprinodon	SAMPLE MEASUREMENT	****	*****		CODE: N	*****	****		0	CODE = N	C00E = N
TAN6A 1 Effluent Gross Value	PERMIT REQUIREMENT	*****	******	*****	50 01DAMN	******	******	%EFFL		2/Year	COMPOS
Chlorine Produced Oxidants	SAMPLE MEASUREMENT	****	****		*****	CODE = N	CODE=N		0	C00 E = N	CODE = N
*CPOX 1 Effluent Gross Value	PERMIT REQUIREMENT	*****	*****	*****	*****	0.3 01MOAV	0.5 01DAMX	MG/L		3/Week	GRAB
Option 1 Chlorine Produced	QL									10,	
Oxidants	SAMPLE MEASUREMENT	*****	****		****	<i><0.1</i>	۷٥٠١		0	3/week	GRAB
*CPOX 1 Effluent Gross Value	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT 01MOAV	0.2 01DAMX	MG/L		3/Week	GRAB
Option 2	QL	*****	*****		*****	*****	*****	•			

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

484A SW Outfall 484A

8/1/2010 TO 8/31/2010

PSEG NUCLEAR LLC SALEM GENERATIN

PARAMETER	X	QUANTITY	OR LOADING	UNITS	QUALI	TY OR CONCENTR	ATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Temperature, oC	SAMPLE MEASUREMENT	****	*****		****	36.2	38'2		0	1/Day	CONTIN
00010 1 Effluent Gross Value	PERMIT REQUIREMENT	*****	******	*****	SARANA SA	REPORT 01MOAV	REPORT 01DAMX	DEG.C		1/Day	CONTIN
Lab Certification #	SAMPLE MEASUREMENT	17327	17451		PA 166						
99999 99 Lab	PERMIT REQUIREMENT?	REPORT Lab #	REPORT Lab #		REPORT Lab #	REPORT Lab #	REPORT Lab #			Not Applic	NOT AP

Surface Water Discharge Monitoring Report Submittal Form

MONITORING PERIOD

NJPDES PERMIT

MONITORED LOCATION:

N 10005622	Month	Day Year	To Month	 _	Year	485A – SV	W Outfa	all 485A
NJ0005622	8	1 2010	8	31	2010			
PERMITTEE: PSE&G NUCLEAR LLC 80 PARK PLAZA NEWARK, NJ 07101		PSEG NUC GENERAT ALLOWA	ION OF ACT CLEAR LLC SA TING STATION Y CREEK NEC KS BRIDGE, NI	K RD	<u>:</u>	PSEG NU PO BOX 2	T RECIP CLEAR LLC 236/N21 KS BRIDGE	
		REGI	ON / COUNTY	': Souther	n / Salem	County		
CHECK IF APPLICABLE:	No Di	scharge this Moi	nitoring Period		1onitoring	g Report Commo	ents Attacho	ed
responsibility or person designa another entity to operate the tre I certify under penalty of law th that, based on my inquiry of the complete. I am aware that ther to N.J.A.C. 7:14A-6.9(B). The	atment works, at I have pers ose individual re are significa	the highest-rank conally examined s immediately re ant penalties for	and am familia sponsible for ol submitting fals	he contra r with the otaining the e informa	cted entity informatine information, inclu	o shall sign the consubmitted in attion, I believe the ding the possibility.	this docum that the infor ility of and/	ent and all attachments, and mation is true, accurate and
Carl J. Fricker, Si	te Vice Presid	lent - Salem						N/A
NAME AND TITLE OF PRINCIPAL,			ZED AGENT, OR	*LICENSI	D OPERAT	OR GRAD	DE AND REGI	STRY NUMBER (IF APPLICABLE)
	12					09	0/20/2010_	856-339-1102
SIGNATURE OF PRINCIPAL EXEC	UTIVE OFFICE	R, AUTHORIZED A	AGENT, OR *LIC	ENSED OP	ERATOR	DATE		AREA CODE/PHONE NUMBER
*For a local agency where the hig person designated by that person I certify under penalty of law and i	hest-ranking op shall sign the fo	perator does not ha ollowing certificati	we the ability to don:	authorize d	apital expe			
	accordance v		N/A			N/2		N/A
NAME AND TITLE	41 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	SIGNATU				DATE		AREA CODE/PHONE NUMBER

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

485A SW Outfall 485A

8/1/2010 TO 8/31/2010

PSEG NUCLEAR LLC SALEM GENERATIN

1450005622	705/	SW Outlan 40	JA 0	7172010 1	10 0/3 1/2010	r SLG NOCI	LEAN LLG SAL	LIVI GEI	NL NA	1111	
PARAMETER	X	QUANTITY	OR LOADING	UNITS	QUAL	ITY OR CONCENTE	RATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Flow, In Conduit or Thru Treatment Plant	SAMPLE MEASUREMENT	439	439		*****	****	****		0	1/Day	CALCTO
50050 1 Effluent Gross Value	PERMIT REQUIREMENT.	REPORT 01MOAV	REPORT 01DAMX	MGD	*****	*****	ANNANA CAMPAG	*****		1/Day	CALCTD
pH	SAMPLE MEASUREMENT	****	****		7.2	****	7.6		0	1/week	GRAB
00400 1 Effluent Gross Value	PERMIT REQUIREMENT	*****	*****	*****	6.0 01DAMN	*****	9.0 01DAMX	su		1/Week	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	·	7.5	*****	7,9	•	0	1 week	GRAB
00400 7 Intake From Stream	PERMIT REQUIREMENT	Aniest	*****	*****	REPORT 01DAMN	*****	REPORT 01DAMX	SU		1/Week	GRAB
LC50 Statre 96hr Acu	QL SAMPLE	*****	*****			*****	*****		0	CODE = M	CODE = N
Cyprinodon TAN6A 1 Effluent Gross Value	MEASUREMENT PERMIT REQUIREMENT	******	THE TOTAL STREET	*****	CODE = N 50 01DAMN	*****	*****	%EFFL	0	2/Year	COMPOS
Chlorine Produced	QL SAMPLE MEASUREMENT	*****	*****		*****	CODE = N	CODE = M		0	C00E = N	CODE = N
Oxidants *CPOX 1 Effluent Gross Value	PERMIT REQUIREMENT	*****	******	*****	*****	0,3 01MOAV	0.5 01DAMX	MG/L		3/Week	GRAB
Option 1 Chlorine Produced	QL SAMPLE MEASUREMENT	*****	*****	, , , , , ,	*****	くoハ 	∠o.1		0	3/ <i>Week</i>	GRAB
Oxidants *CPOX 1 Effluent Gross Value	PERMIT REQUIREMENT:	******	*******	*****	****	REPORT 01MOAV	0.2 01DAMX	MG/L		3/Week	GRAB
Option 2	QL	****	****		*****	*****	*****				

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

485A SW Outfall 485A

8/1/2010 TO 8/31/2010

PSEG NUCLEAR LLC SALEM GENERATIN

PARAMETER		QUANTITY	OR LOADING	UNITS	QUALIT	TY OR CONCENTE	RATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Temperature, oC	SAMPLE MEASUREMENT	****	*****		*****	36.2	38.4		٥	1/Day	CONTIN
00010 1 Effluent Gross Value	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT 01MOAV	REPORT 01DAMX	DEG.C		1/Day	CONTIN
	QL	*****	*****		*****	****	*****				
Lab Certification #	SAMPLE MEASUREMENT	17327	17451		PA 166						
99999 99 Lab	PERMIT REQUIREMENT	REPORT Lab#	REPORT Lab#		REPORT Lab #	REPORT Lab #	REPORT Lab#			Not Applic	NOT AP
	QL	*****	*****		*****	*****	*****				

Surface Water Discharge Monitoring Report Submittal Form

NJPDES PERMIT	MONITORING PERIOD	OD MONITORED LOCATION:						
NJ0005622	Month Day Year 8 1 2010 To Month Day Year 8 31 2010	486A – SW Out	fall 486A					
PERMITTEE:	LOCATION OF ACTIVITY:	REPORT REC	PIENT:					
PSE&G NUCLEAR LLC	PSEG NUCLEAR LLC SALEM	PSEG NUCLEAR I						
80 PARK PLAZA	GENERATING STATION	PO BOX 236/N21						
NEWARK, NJ 07101	ALLOWAY CREEK NECK RD HANCOCKS BRIDGE, NJ 08038	HANCOCKS BRID	GE, NJ 08038					
	REGION / COUNTY: Southern / Salem	ı County						
CHECK IF APPLICABLE:		g Report Comments Atta	ched					
the certification. Where the hig responsibility or person designa another entity to operate the treat. I certify under penalty of law that, based on my inquiry of the complete. I am aware that there	ce a person designated by that person. For a local agency, the his hest ranking operator does not have the ability to authorize capit ted by that person shall also sign the second certification at the batter works, the highest-ranking official of the contracted entity at I have personally examined and am familiar with the informatives individuals immediately responsible for obtaining the informative are significant penalties for submitting false information, included New Jersey water Pollution Control Act provides for penalties up	al expenditures and hire prottom of this page. If the y shall sign the certification submitted in this docuation, I believe that the intuiting the possibility of an	ersonnel, a person having that local agency has contracted with on. ment and all attachments, and formation is true, accurate and d/or imprisonment, pursuant					
Carl J. Fricker, Si	e Vice President - Salem		N/A					
NAME AND TITLE OF PRINCIPAL	EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERAT	OR GRADE AND RE 09/20/2010	GISTRY NUMBER (IF APPLICABLE) 856-339-1102					
SIGNATURE OF PRINCIPAL EXECU	E OF PRINCIPAL EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR DATE							
	nest-ranking operator does not have the ability to authorize capital expe hall sign the following certification:	enditures and hire personnel,	a person having that responsibility or					
I certify under penalty of law and in	n accordance with N.J.S.A. 58:10A-6F(5) that I have reviewed the attac	hed discharge monitoring re	ports.					
<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>					
AME AND TITLE SIGNATURE DATE AREA CODE/PHONE								

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

486A SW Outfall 486A

8/1/2010 TO 8/31/2010

PSEG NUCLEAR LLC SALEM GENERATIN

NJU005622	. 400/4	Sw Outlan 40	· ·	, 1,2010	10 6/3 1/2010	FSEG NUCLEAR LLC SALEW GENERATIV					
PARAMETER		QUANTITY (OR LOADING	UNITS	QUAL	TY OR CONCENTE	RATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Flow, In Conduit or Thru Treatment Plant	SAMPLE MEASUREMENT	425	426		****	****	****		0	1/ Day	CALCTO
50050 1 Effluent Gross Value	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX	MGD	1. And Andrews	******	*****	*****		1/Day	CALCTD
	QL	*****	*****		*****	*****	*****				
pH ·	SAMPLE MEASUREMENT	****	****		7.2	****	7.6		0	\week	GRAB
00400 1 Effluent Gross Value	PERMIT REQUIREMENT	*****	******	*****	6.0 01DAMN	*****	9.0 01DAMX	ຮບ		1/Week	GRAB
	QL	*****	*****		*****	*****	*****		5,73,9		
рH	SAMPLE MEASUREMENT	****	****		7.5	****	7.9		0	\week	G-RAB
00400 7 Intake From Stream	PERMIT REQUIREMENT	*****	*****	*****	REPORT 01DAMN	*****	REPORT 01DAMX	sυ		1/Week	GRAB
	QL	*****	*****		*****	*****	*****				
Chlorine Produced Oxidants	SAMPLE MEASUREMENT	****	****		****	CODE=N	CODE = N		0	CODE = 14	C008 = N
*CPOX 1 Effluent Gross Value	PERMIT REQUIREMENT	*****	******	*****	*****	0.3 01MOAV	0.5 01DAMX	MG/L		3/Week	GRAB
Option 1	QL	****	*****		****	****	*****				
Chlorine Produced Oxidants	SAMPLE MEASUREMENT	****	****		****	< 0.1	(0.1		0	3/week	GRAB
*CPOX 1 Effluent Gross Value	PERMIT REQUIREMENT	*****	*****	*****	******	REPORT 01MOAV	0.2 01DAMX	MG/L		3/Week	GRAB
Option 2	QL	*****	*****		*****	*****	****				
Temperature,	SAMPLE MEASUREMENT	****	****		*****	36.2	38.4		0	1/Day	CONTIN
00010 1 Effluent Gross Value	PERMIT REQUIREMENT	*****		*****	******	REPORT 01MOAV	REPORT 01DAMX	DEG.C		1/Day	CONTIN
	QL	*****	*****		*****	*****	*****				

Comments: Any questions in regards to the monitoring report form can be directed to S. Rosenwinkel of the BPSP - Region 2 at (609)292-4860.

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

486A SW Outfall 486A

8/1/2010 TO 8/31/2010

PSEG NUCLEAR LLC SALEM GENERATIN

PARAMETER		QUANTITY OR LOADING		UNITS	ITS QUALITY OR CONCENTRATION			UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Lab Certification #	SAMPLE MEASUREMENT	17327	17461		PA 166						
99999 99 Lab	PERMIT REQUIREMENT	REPORT Lab#	REPORT Lab #		REPORT Lab #	REPORT Lab.#	REPORT Lab#			Not Applic	NOT AP

Comments: Any questions in regards to the monitoring report form can be directed to S. Rosenwinkel of the BPSP - Region 2 at (609)292-4860.

Surface Water Discharge Monitoring Report Submittal Form

		MONITO	DRING	F PERIO	D		MONITORED LOCATION:				
NJ0005622	Month 8	Day Year 1 2010	То	Month 8	Day 31	Year 2010	487B -	- SW Ou	tfall 487B		
PERMITTEE: PSE&G NUCLEAR LLC 80 PARK PLAZA NEWARK, NJ 07101	PSEG NUCLEAR LLC SALEM A GENERATING STATION PSEG NUCLEAR LLC SALEM PSEG NUCLEAR LLC SALEM PSEG NUCLEAR LLC SALEM PO BOX 23										
		REC	GION / G	COUNTY:	Souther	n / Salem	County				
CHECK IF APPLICABLE	: 🔯 No Di	ischarge this M	onitorin	ig Period		Monitor	ing Report (Comments At	tached		
another entity to operate the tre	atment works								e local agency has contracted with		
that, based on my inquiry of the complete. I am aware that ther	ose individual re are signific	s immediately ant penalties fo	esponsi r submi	m familiar ble for obt tting false	with the aining the informate	informat e informat ion, inclu	ion submittention, I belie	ed in this doc ve that the in ssibility of a	ument and all attachments, and formation is true, accurate and ad/or imprisonment, pursuant		
that, based on my inquiry of the complete. I am aware that ther	ose individual re are signific New Jersey v	s immediately i ant penalties fo vater Pollution (esponsi r submi	m familiar ble for obt tting false	with the aining the informate	informat e informat ion, inclu	ion submittention, I belie	ed in this doc ve that the in ssibility of a	ument and all attachments, and formation is true, accurate and ad/or imprisonment, pursuant		
that, based on my inquiry of the complete. I am aware that ther to N.J.A.C. 7:14A-6.9(B). The Carl J. Fricker, Si	ose individual re are signific New Jersey v te Vice Presic	s immediately in ant penalties for vater Pollution (esponsi r submi Control	m familiar ble for obt tting false Act provid	with the aining th informat les for pe	informat e informat ion, inclu nalties up	ion submittention, I belied the poor to \$50,000	ed in this doc ve that the in ssibility of a per violation	ument and all attachments, and formation is true, accurate and nd/or imprisonment, pursuant		
that, based on my inquiry of the complete. I am aware that ther to N.J.A.C. 7:14A-6.9(B). The Carl J. Fricker, Si NAME AND TITLE OF PRINCIPAL	ose individual re are signific. New Jersey versey verse versey verse versey verse	s immediately in ant penalties for vater Pollution (constitution) dent - Salem FFICER, AUTHOR	responsi r submi Control	m familiar ble for obt tting false Act provid	with the aining the information per the control of	informate information, including up	ion submittention, I belied the poor to \$50,000	ed in this doc ve that the in ssibility of a per violation FRADE AND RE	ument and all attachments, and formation is true, accurate and ad/or imprisonment, pursuant a. N/A CGISTRY NUMBER (IF APPLICABLE)		
that, based on my inquiry of the complete. I am aware that ther to N.J.A.C. 7:14A-6.9(B). The Carl J. Fricker, Si NAME AND TITLE OF PRINCIPAL SIGNATURE OF PRINCIPAL EXECUTION	ose individual re are signific. New Jersey verse President EXECUTIVE OF THE UTIVE OF THE CONTROLL OF THE CONTR	s immediately in ant penalties for vater Pollution (dent - Salem FFICER, AUTHORIZED perator does not have anti-	responsir submicontrol	m familiar ible for obt tting false Act provid GENT, OR *	with the aining the informatiles for periodic LICENSE	informate information, including upon the control of the control o	ion submittention, I believed the poor to \$50,000	ed in this doc ve that the in ssibility of a per violation FRADE AND RE	ument and all attachments, and formation is true, accurate and ad/or imprisonment, pursuant a. N/A GISTRY NUMBER (IF APPLICABLE) 856-339-1102 AREA CODE/PHONE NUMBER		
that, based on my inquiry of the complete. I am aware that ther to N.J.A.C. 7:14A-6.9(B). The Carl J. Fricker, Si NAME AND TITLE OF PRINCIPAL SIGNATURE OF PRINCIPAL EXECUTE *For a local agency where the high person designated by that person series.	ose individual re are signific. New Jersey verse President EXECUTIVE OF THE CONTROL OF THE CONTR	s immediately in ant penalties for vater Pollution (dent - Salem FFICER, AUTHORIZED perator does not looking certifical	responsir submicontrol	m familiar ible for obt tting false Act provid GENT, OR *	with the aining the information of the information	informate information, including the information of	ion submittention, I believed the poor to \$50,000 COR CO	ed in this doc ve that the in ssibility of an per violation FRADE AND RE 09/20/2010	ument and all attachments, and formation is true, accurate and ad/or imprisonment, pursuant a. N/A GISTRY NUMBER (IF APPLICABLE) 856-339-1102 AREA CODE/PHONE NUMBER		
that, based on my inquiry of the complete. I am aware that ther to N.J.A.C. 7:14A-6.9(B). The Carl J. Fricker, Si NAME AND TITLE OF PRINCIPAL SIGNATURE OF PRINCIPAL EXECU	ose individual re are signific. New Jersey verse President EXECUTIVE OF THE CONTROL OF THE CONTR	s immediately in ant penalties for vater Pollution (dent - Salem FFICER, AUTHORIZED perator does not looking certifical	responsir submicontrol	m familiar ible for obt tting false Act provid GENT, OR *	with the aining the information of the information	informate information, including the information of	ion submittention, I believed the poor to \$50,000 COR CO	ed in this doc ve that the in ssibility of an per violation FRADE AND RE 09/20/2010	ument and all attachments, and formation is true, accurate and ad/or imprisonment, pursuant a. N/A GISTRY NUMBER (IF APPLICABLE) 856-339-1102 AREA CODE/PHONE NUMBER		

Surface Water Discharge Monitoring Report Submittal Form

MONITORED LOCATION:

MONITORING PERIOD

NJPDES PERMIT

NJ0005622	Month Day Year 8 1 2010 To Month Day Year 8 31 2010	489A – SW Outf	all 489A
PERMITTEE: PSE&G NUCLEAR LLC 80 PARK PLAZA NEWARK, NJ 07101	LOCATION OF ACTIVITY: PSEG NUCLEAR LLC SALEM GENERATING STATION ALLOWAY CREEK NECK RD HANCOCKS BRIDGE, NJ 08038	REPORT RECII PSEG NUCLEAR LL PO BOX 236/N21 HANCOCKS BRIDG	C
CHECK IF APPLICABLE:	REGION / COUNTY: Southern / Salem C No Discharge this Monitoring Period Monitoring	County g Report Comments Atta	ched
the certification or, in his absen	est ranking official having day-to-day managerial and operational acts a person designated by that person. For a local agency, the high	nest ranking operator of th	e treatment works shall sign
esponsibility or person designa	nest ranking operator does not have the ability to authorize capital ted by that person shall also sign the second certification at the bot atment works, the highest-ranking official of the contracted entity s	ttom of this page. If the le	ocal agency has contracted with
responsibility or person designal another entity to operate the tre certify under penalty of law that, based on my inquiry of the complete. I am aware that ther	ted by that person shall also sign the second certification at the bot	ttom of this page. If the leshall sign the certification on submitted in this document, I believe that the infoing the possibility of and	ocal agency has contracted with nent and all attachments, and rmation is true, accurate and
responsibility or person designal another entity to operate the tree feetify under penalty of law the chat, based on my inquiry of the complete. I am aware that there to N.J.A.C. 7:14A-6.9(B). The	ted by that person shall also sign the second certification at the bot atment works, the highest-ranking official of the contracted entity s at I have personally examined and am familiar with the information se individuals immediately responsible for obtaining the information are significant penalties for submitting false information, includ- New Jersey water Pollution Control Act provides for penalties up to	ttom of this page. If the leshall sign the certification on submitted in this document, I believe that the infoing the possibility of and	ocal agency has contracted with nent and all attachments, and rmation is true, accurate and
responsibility or person designal another entity to operate the tree certify under penalty of law that, based on my inquiry of the complete. I am aware that there o N.J.A.C. 7:14A-6.9(B). The	ted by that person shall also sign the second certification at the bot atment works, the highest-ranking official of the contracted entity s at I have personally examined and am familiar with the information se individuals immediately responsible for obtaining the information are significant penalties for submitting false information, include	ttom of this page. If the leshall sign the certification on submitted in this document, I believe that the infoing the possibility of and to \$50,000 per violation. R GRADE AND REG	nent and all attachments, and rmation is true, accurate and /or imprisonment, pursuant N/A ISTRY NUMBER (IF APPLICABLE)
responsibility or person designary another entity to operate the tree of certify under penalty of law that, based on my inquiry of the complete. I am aware that there to N.J.A.C. 7:14A-6.9(B). The Carl J. Fricker, Siname and TITLE OF PRINCIPAL	ted by that person shall also sign the second certification at the bot atment works, the highest-ranking official of the contracted entity shall have personally examined and am familiar with the information see individuals immediately responsible for obtaining the information are significant penalties for submitting false information, including Mew Jersey water Pollution Control Act provides for penalties up the Vice President - Salem EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATORIZED AGENT, OR *LICENSED OPERA	ttom of this page. If the leshall sign the certification on submitted in this document, I believe that the infoing the possibility of and to \$50,000 per violation. R GRADE AND REGION 199/20/2010	nent and all attachments, and rmation is true, accurate and /or imprisonment, pursuant N/A ISTRY NUMBER (IF APPLICABLE) 856-339-1102
responsibility or person designary another entity to operate the treat operate the treat operate the treat operate that that, based on my inquiry of the complete. I am aware that there to N.J.A.C. 7:14A-6.9(B). The Carl J. Fricker, Siname and Title of Principal Signature of Principal executive of the light person designated by that person series of the control of the signature of the light person designated by that person series of the control of the control of the light person designated by that person series of the control	ted by that person shall also sign the second certification at the bot atment works, the highest-ranking official of the contracted entity shall have personally examined and am familiar with the information is endividuals immediately responsible for obtaining the information are significant penalties for submitting false information, including New Jersey water Pollution Control Act provides for penalties up to evice President - Salem EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR TIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR Lest-ranking operator does not have the ability to authorize capital expensional sign the following certification:	ttom of this page. If the leshall sign the certification on submitted in this docum ion, I believe that the infoing the possibility of and to \$50,000 per violation. R GRADE AND REGIONATE ditures and hire personnel, of	nent and all attachments, and rmation is true, accurate and /or imprisonment, pursuant N/A ISTRY NUMBER (IF APPLICABLE) 856-339-1102 AREA CODE/PHONE NUMBER Is person having that responsibility
responsibility or person designary another entity to operate the treat operate the treat operate the treat operate that that, based on my inquiry of the complete. I am aware that there to N.J.A.C. 7:14A-6.9(B). The Carl J. Fricker, Siname and Title of Principal Signature of Principal executive of the light person designated by that person series of the control of the signature of the light person designated by that person series of the control of the control of the light person designated by that person series of the control	ted by that person shall also sign the second certification at the bot atment works, the highest-ranking official of the contracted entity shall have personally examined and am familiar with the information is endividuals immediately responsible for obtaining the information are significant penalties for submitting false information, including Mew Jersey water Pollution Control Act provides for penalties up to evice President - Salem EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR EST-ranking operator does not have the ability to authorize capital expenses	ttom of this page. If the leshall sign the certification on submitted in this docum ion, I believe that the infoing the possibility of and to \$50,000 per violation. R GRADE AND REGIONATE ditures and hire personnel, of	nent and all attachments, and rmation is true, accurate and /or imprisonment, pursuant N/A ISTRY NUMBER (IF APPLICABLE) 856-339-1102 AREA CODE/PHONE NUMBER Is person having that responsibility

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

489A SW Outfall 489A

8/1/2010 TO 8/31/2010

PSEG NUCLEAR LLC SALEM GENERATIN

1400003022	4037	SW Outrail 40	JA 0.	, 1,2010	0 0/31/2010	r SEG NOCI	LIVI GLIV				
PARAMETER		QUANTITY (OR LOADING	UNITS	QUALI	TY OR CONCENTE	RATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Flow, In Conduit or Thru Treatment Plant 50050 1 Effluent Gross Value	SAMPLE MEASUREMENT PERMIT REQUIREMENT	O. O216 REPORT 01MOAV	C.O216 REPORT 01DAMX	MGD	*****	*****	*****	****	0	1/Month	CALCTO
ļ	QL	*****	*****		*****	******	*****				
Hq 	SAMPLE MEASUREMENT	****	****		7.9	*****	7.9		0	MONTH	GRAB
00400 1 Effluent Gross Value	PERMIT REQUIREMENT	*****	*****	*****	6.0 01DAMN	*****	9.0 01DAMX	SU		1/Month	GRAB
Calida Tatal	QL	****					1		l*		<u> </u>
Solids, Total Suspended	SAMPLE MEASUREMENT	****	*****		. 6	6	****		0	MONTH	GRAB
00530 1 Effluent Gross Value	PERMIT REQUIREMENT	*****	******	*****	100 01DAMX	30 01MOAV	*****	MG/L		1/Month	GRAB [®]
	QL	*****	*****		*****	*****	*****				0.5
Petroleum Hydrocarbons	SAMPLE MEASUREMENT	****	*****		*****	< 5	42		0	MONTH	GRAB
00551 1 Effluent Gross Value	PERMITI REQUIREMENT	******	4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	*****	******	10 01MOAV	15 01DAMX	MG/L		1/Month	GRAB
Carbon, Tot Organic	SAMPLE MEASUREMENT	****	****		*****	8	8		٥	Ymonth.	GRAB
00680 1 Effluent Gross Value	PERMIT REQUIREMENT	*****	******	*****	******	REPORT 01MOAV	50 01DAMX	MG/L		1/Month	GRAB
Lab Certification #	QL	*****	*****			, ,,,,,,,	1				I
Lab Certification #	SAMPLE MEASUREMENT	17327	12451		PA 166						
99999 99 Lab	PERMIT REQUIREMENT	REPORT Lab#	REPORT Lab #		REPORT Lab#	REPORT Lab #	REPORT Lab #			Not Applic	NOT AP
	QL	*****	*****		*****	*****	*****				

Comments: If there are any questions in regards to the monitoring report form, please contact Susan Rosenwinkel of the the BPSP - Region 2 at (609)292-4860 or via email at "srosenwi@dep.state.nj.us".